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## \*BIBDATASHEET\*

CONFIRMATION NO. 3397

Bib Data Sheet

|  |   |                            |   |                                     |
|--|---|----------------------------|---|-------------------------------------|
| SERIAL NUMBER<br>09/978,189  | FILING DATE<br>10/15/2001<br><br>RULE   | CLASS<br>536               | GROUP ART UNIT<br>1646  | ATTORNEY<br>DOCKET NO.<br>P2630P1C7 |
| APPLICANTS<br><br>Sherman Fong, Alameda, CA;<br><br>Audrey Goddard, San Francisco, CA;<br>Kenneth J. Hillan, San Francisco, CA; William I. Wood, Hillsborough, CA;   |   |                            |   |                                     |
| ** CONTINUING DATA *****<br><br>This application is a CON of 09/918,585 07/30/2001 ABN<br>which is a CON of PCT/US00/04341 02/18/2000<br>which is a CIP of 09/380,138 08/25/1999 ABN<br>which is a 371 of PCT/US99/05028 03/08/1999<br>which claims benefit of 60/083,336 04/27/1998 |   |                            |   |                                     |
| ** FOREIGN APPLICATIONS *****  |   |                            |   |                                     |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED<br>** 03/29/2005   |   |                            |   |                                     |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions<br>met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance<br>Verified and<br>Acknowledged                  |   | STATE OR<br>COUNTRY<br>CA  | SHEETS<br>DRAWING<br>237  | TOTAL<br>CLAIMS<br>13               |
| Examiner's Signature _____<br>Initials _____   |   | INDEPENDENT<br>CLAIMS<br>2 |   |                                     |
| ADDRESS<br>35489<br>HELLER EHRMAN LLP<br>275 MIDDLEFIELD ROAD<br>MENLO PARK , CA<br>94025-3506   |   |                            |   |                                     |
| TITLE<br>PRO273 POLYPEPTIDES   |   |                            |   |                                     |
| FILING FEE<br><br>RECEIVED   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                            | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |                                     |

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